

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/560247

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2	1					
3		2				
4		1				
5		1				
6	1					
7	1					
8		2				
9		1				
10		1				
11	1					
12	1					
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50						
TOTAL IND.	8		8		8	
TOTAL DEP.	8		8		8	
TOTAL CLAIMS	15		15		15	

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.			8		8	
TOTAL DEP.			8		8	
TOTAL CLAIMS	15		15		15	